

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36212

State File No.

Registrar's No. 10334

FILED DEC 3 1943
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1460 GOODFELLOW BLVD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community LIFE years, months or days)

3. (a) PRINT FULL NAME JOHN J. CARROLL

3. (b) If veteran, name war. 3. (c) Social Security No. 497-18-6722

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife 1 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased FEB 4 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 9 20 hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation BANK REPRESENTATIVE

11. Industry or business 1ST NATIONAL BANK

12. Name JOHN S. CARROLL

13. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name ROSE CAREY

15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant John S. Carroll

(b) Address 1460 GOODFELLOW BLVD.

17. (a) BURIAL (b) Date thereof 11-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Callan Kelly

(b) Address 7267 NATURAL BRIDGE

19. (a) NOV 26 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 6
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1460 GOODFELLOW
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 1943 to Nov. 24 1943
that I last saw him alive on Nov. 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration four hours

Due to Had had three previous coronary occlusions in past 1 yr.

Other conditions Chronic cholecystitis 3 to 4 yrs.
(Include pregnancy within 3 months of death) Non-calculous PHYSICIAN

Major findings: Of operations 7/24

Of autopsy 7/24
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. M. Chalk (M. D. or other) MD.
Address 632 Metropolitan Bldg. Date signed 11-26-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Doctor C. M. Charles
Metropolitan Bldg
11-130

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Clement W. Neary*
Licensed Embalmer No. *3732*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.